U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	////2004 Through: 22/31/2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Scott T MALLEY	Name IRON WORKERS LOCAL#3			
	Labor Organization File Number 0/3 - 253			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2201 LIBERTY AVE	Street 2201 LIBERTY AVE			
City 7,775BURG4	City P. 773BURGH			
State PA ZIP Code + 4 /5222	State P _A ZIP Code + 4 /52ZZ			
5. Position in labor organization. FINANCIAL SEC/TR	ES - TRUSTEE			
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion.) A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	usions set forth in the instructions): derived income or other economic benefit of			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
offeet				
City				
State ZIP Code + 4				
Sigr	nature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the			
Signed Scott T. Mulley	on 8/12/05 (412)227-6767			
	Date Telephone Number			
Form LM-30 (2003)	Page 1 of 2			

Name of Person Painty SEOTS MALLEY		File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the busines: ively seeking to represent, or directly to or otherwise	s
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name HIGHMARK BLUECROSS BLUE SHIELD	Lancacounce	
Trade Name, if any:	a. Labor Organiza	tion
P.O. Box, Bldg., Room No., if any	(money and	
Street FIETH AVE PLACE 120 STHAVE	c. Employer	
City P17738URGH		
State /A ZIP Code + 4 /5ZZZ		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	Notice and the state of the sta
Name IRON WORKERS OF W. PA. BENEFIT PLAUS	HEALH CARE	INSURANCE PROVIDER
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street ZZOI LIBERTY AVE	11 h American	
City PITTSBURGH	11.b. Approximate dollar value12.a. Nature of interest held	
State PA ZIP Code + 4 15222	The state of the s	OLF OUTING
	12.b. Amount.	\$362,96
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money or	narte A and R above)	here and an
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).	7 г. Бийо) одине по од	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	10 (c) (10 (d)	
Street	The state of the s	
City	######################################	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
		The control of the co

ame of Person Filing Scott MALLEY		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines ctively seeking to represent, or indirectly to or otherwise	s
8. Name and address of Business (including trade name, if any). Name #164 MARK BLUE CROSS BLUE SHIELD Trade Name, if any: P.O. Box, Bldg., Room No., if any Street #FIFTH AUE PLACE 126 5 TH AVE City #PITTSBURGH State PA ZIP Code + 4 /52 Z Z 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organiza b. Trust c. Employer 11.a. Nature of such dealing	
Name TROM WORKERS OF W. PA. BENEFIT PLANS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Z201 LIBERTY AVE		E INSURANCE TROVIDER
parties and garagement of the contract to the contract of the	11.b. Approximate dollar value of such dealing.	
City PITTS BURG 4	12.a. Nature of interest held	or income received.
State DA ZIP Code + 4 15222	8/31/04	FOLF OUTING
	12.b. Amount.	\$172.84
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	er parts A and B above) y or other thing of value. 14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	